CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Assuming Office/Initial

(Check one)

Candidate

through December 31, 2009.

December 31, 2009.

date of leaving office.

the date of leaving office.

Annual: The period covered is January 1, 2009,

Leaving Office Date Left: _________

Election Year: _

-or-

O The period covered is ______, through

O The period covered is January 1, 2009, through the

-Or-O The period covered is _______, through

STATEMENT OF ECONOMIC INTERESTS

Date Received FEB 074 2000

COVER PAGE

COUNTY CLERK and EX-OFFICIO CLERK BOARD OF SUPERVISORIS OUNTY

NAME (LAST)	(FIRST)	(MIDDLE	E)	DAYTIME TELEPHONE NUMBER
GALLAGHER	JAMES	М.		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRES
1. Office, Agency, or Court		4. Schedule	e Summar	у
Name of Office, Agency, or Court: SUTTER COUNTY		► Total number including the	er of pages is cover page	e:5
Division, Board, District, if applicable: BOARD OF SUPERVISORS		interests."		les or "No reportable
Your Position:		I have disclose attached school		on one or more of the
DISTRICT 5 ► If filing for multiple positions, list addition position(s): (Attach a separate sheet it Agency: SEE ATTACHED LIST		Investments (Le Schedule A-2	ess than 10% Own	chedule attached
Position:	i comment	Schedule B Real Property	Yes – s	chedule attached
2. Jurisdiction of Office (Check at	t least one box)	Schedule C Income, Loans, and Travel Paymen Schedule D	, & Business Po	chedule attached psitions (Income Other than Gifts chedule attached
<u></u>		Income - Gifts		sheddie diddhed
☐ City ofBUTTE, SUTTER		Schedule E Income - Gifts		chedule attached ents
Other		1	-or-	
3. Type of Statement (Check at le	ast one box)	☐ No reporta	ble interests of	on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

2-4-10 Date Signed Signature .

FPPC Form 700 (2009/2010)

FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

FORM 700 - ANNUAL STATEMENT January 1, 2009 - December 31, 2009

JAMES GALLAGHER

Committee Member

LAFCO Mental Health Advisory Board SAFCA

Committee Member - Alternate

Sutter Butte Flood Control Agency

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

JAMES GALLAGHER

▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
G & M VENTURES	
Name 1998 PLEASANT GROVE RD., RIO OSO, CA 95674	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY FARMING OPERATION	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 / _ / 09 05 / 07 / 09 \$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Sole Proprietorship Other YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
➤ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)
☐ \$0 · \$499 ☐ \$10,000 · \$100,000 ☐ \$500 - \$1,000 ☑ OVER \$100,000 ☐ \$1,001 · \$10,000	\$10,001 - \$100,000 \$500 - \$1,000 \$1,001 - \$10,000
➤ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a reputate Street of numbers) FARMERS RICE COOPERATIVE	➤ 3 LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (stack 2 - specific shortest if necessary)
UNITED STATES DEPT. OF AGRICULTURE	
► 4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 1 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	INVESTMENT REAL PROPERTY
1998 PLEASANT GROVE ROAD, HICKS ROAD Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity of Street Address or Assessor's Parcel Number of Real Property
RIO OSO, CA 95674	
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Cover \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Easehold YR-YR Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM	
Name	
JAMES GALLAGI	HER

▶ 1 INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
KELLEHER & OLIVERA, LLP-STAFF RESOURCES	6. AUG-20. G.
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
545 FORBES AVENUE, YUBA CITY, CA 95991	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW OFFICE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ATTORNEY	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Salary Spouse's or registered domestic partner's income
Loan repayment	Loan repayment
Sale of	☐ Sale of
Sale of(Property, car, boat, etc.)	(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Oescribe)	Other(Describe)
(DESCRIE)	(Describe)
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIO	20.
33 200	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	
available to members of the public without regard to ye	
not in a lender's regular course of business must be d	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
The State of Edition	THE COLUMN TO TH
ADDRESS (Business Address Acceptable)	% [] None
Salatina (1975) And Andrews and the property of the party	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
HICUSET BALANCE DUBING DEPONTING DEDICA	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD 5500 - \$1,000	
	City
\$1,001 - \$10,000	Guarantor
S10,001 - \$100,000	
OVER \$100,000	Other
	(Describe)
Comments:	and the second s

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM	700
Name	
JAMES GALLAG	HER

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	► NAME OF SOURCE
REGIONAL COUNCIL OF RURAL COUNTIES	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K STREET, SUITE 1650	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01,01,09 . 12,31,09 AMT: \$ 118.52	DATE(S):
TYPE OF PAYMENT: (must check one) ☐ Gift 🔀 Income	TYPE OF PAYMENT: (must check one)
MEAL EXPENSES RELATED TO ATTENDING ANNUAL RCRC DINNER	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	
Comments:	